

FACILITIES WORK ORDER REQUEST

INSTRUCTIONS: Complete sections 1 & 2 before routing to Facilities Manager.

SECTION 1 - COMPLETED BY REQUESTOR			
Today's Date 28 March 2018	Your Name SHOFFNER, DAVID	Your Extension 919-541-0894 <small>Ex. 6 Personal Privacy (PP)</small> cell	Your Branch/Contract FMB
Room Number or Location of Work All Lab Spaces		Your Project Number	
Description of Work To Be Done (Be brief, use page back if needed) 1) Remove faucets and secure (cap) supply lines to all sinks to prevent water leaks. This includes cabinet sinks and cup sinks inside chemical fume hoods. Contact Dave Shoffner at 919-541-0894 (office) or <small>Ex. 6 Personal Privacy (PP)</small> cell) with any questions or issues.			
SECTION 2 - COMPLETED BY BRANCH CHIEF			
Branch Chief Approval FMB MORSCHING, JAY		Materials Funded By POS	
Requested Completion Date No later than 01 JUN 2018		Before starting clear with FMB MORSCHING, JAY	
This request <input type="checkbox"/> does take precedence over previous requests of above branch. <input checked="" type="checkbox"/> does not		Notes	
SECTION 3 - COMPLETED BY FACILITIES MANAGER			
Work Order Number		Date	
Approved (Facility Manager)		Approved (Health & Safety or Environmental Compliance, if required)	
Work Assigned To O&M	Date	Completion Date	Total Cost
Project Labor Hours		Costs	Material Costs (Attach Materials List)
Notes:			